



GEORGIA STATE BOARD FOR THE CERTIFICATION OF LIBRARIANS

237 Coliseum Drive - Macon, Georgia 31217 - (478) 207-2440

www.sos.ga.gov/plb/librarians/

Please read the instructions carefully and be familiar with the laws and rules governing the Certification of Librarians in Georgia. Visit the following web site for information: <http://www.sos.ga.gov/plb/librarians/>

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing. Incomplete applications are void after one year. Furthermore, because application information is time sensitive, documents cannot be transferred from old applications to new applications

APPLICATION CHECK LIST

Complete application includes application, fee, and transcript(s).

☐ NON-REFUNDABLE APPLICATION FEE: \$100.00

The payment must be made by check or money order payable to the Georgia State Board for the Certification of Librarians. DO NOT SEND CASH OR COUNTER CHECKS. Checks returned for insufficient funds are subject to a \$40.00 service charge pursuant to O.C. G.A. § 16-9-20.

☐ NOTARIZED APPLICATION: The complete application must be mailed to the Board's office at the address listed above, along with your **FEE**. You must sign the application in the presence of a notary.

☐ CITIZENSHIP/QUALIFIED ALIEN STATUS: Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on pages 7 & 8 of this application.

☐ AUTHORIZATION FOR RELEASE OF INFORMATION.

☐ SUBMIT APPLICATION IN A 9X12 OR LARGER ENVELOPE. Do not staple pages or check/money order. Do not fold pages of the application.

**FOR BOARD USE ONLY**

Amount Submitted _____

Date _____

Receipt # _____

FOR BOARD USE ONLY

Certificate Number _____

Date Issued _____

Applicant No. _____

GEORGIA STATE BOARD FOR THE CERTIFICATION OF LIBRARIANS**237 Coliseum Drive - Macon, Georgia 31217 - (478) 207-2440****www.sos.ga.gov/plb/librarians****APPLICATION FOR REINSTATEMENT OF LICENSE****(Application will be returned if all questions are not answered)****Reinstatement Fee: \$100.00 (non-refundable)****PLEASE PRINT OR TYPE**License Type ☐ Librarian

License No. _____ Date License Lapsed _____

1. Name on License _____
First Middle Last2. Social Security Number* ____ -- ____ 3. Date of Birth ____
Month Day Year

*THIS INFORMATION IS AUTHORIZED TO BE OBTAINED & DISCLOSED TO STATE & FEDERAL AGENCIES PURSUANT TO O.C.G.A. Section 19-11-1 & O.C.G.A. Section 20-3-295, 42 U.S.C.A. Section 551 & 20 U.S.C.A. § Section 1001.

4. Physical Address _____
Number and Street (P.O. Box not acceptable) Apt. No. City/State Zip5. Mailing Address _____
(if different than Street address) Street, P.O. Box Apt. No. City/State Zip***(If you are granted a license, your name, mailing address and license number become public information and will be posted on the Secretary of State's website. The mailing address is used for renewal notices, and application processing.)***

6. Telephone Number Day () _____ 7. Telephone Number Evening () _____

8. Present Employer _____

9. Business Address _____
Number and Street City State Zip

10. Email address: _____

*Acknowledgement of your application will be sent by email. If further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Also, useful information such as notifications regarding license renewal will be sent via email. Please notify the Board of any email address change. Your email will not be shared with third parties.

ACTIVITIES SINCE LAST RENEWAL:
REASON FOR FAILING TO RENEW:

Rule 320-6-03(2) – Registrations not renewed prior to the end of the six month penalty period shall not be subject to renewal. Any consideration for registration reinstatement after the six-month penalty period would be at the discretion of the Board and requires submission of a reinstatement application with the required reinstatement fee of twice the renewal fee for a total of \$100.00. Complete Law and Rules are available at our website at: www.sos.state.ga.us/plb/librarians/.

This application will be returned if you do not answer the questions on this page.

Have you ever been arrested, convicted, sentenced, entered a plea of guilty or nolo contendere, or been given First Offender treatment for any felony or misdemeanor (other than minor traffic violation)? DUI and DWI are not minor traffic violations. ☐ Yes ☐ No

If you answered “Yes” to the question regarding court convictions, you must submit to the Board the following: a) a certified copy of conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND, if applicable, b) a statement (on official letterhead) from your probation / parole officer regarding your current status/completion of any probation / parole or certified document(s) from the court showing that your sentence(s) have been completed and your case(s) have been closed. Your application will not be processed until this information is received and reviewed by the Board.

Have you ever had a license revoked, suspended, or otherwise sanctioned by any professional licensing board or agency, or have you ever been denied issuance of, or pursuant to disciplinary proceedings refused renewal of a license by any professional licensing board or agency in Georgia or any other state? ☐ Yes ☐ No

If you answered “Yes” regarding sanctions from another board, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to the Board’s office. Your application will not be processed until this information is received and reviewed by the Board.

APPLICANT AFFIDAVIT:

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board for the Certification of Librarians and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on pages 7 & 8 of this application.

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board for the Certification of Librarians and/or criminal prosecution.

Signature of Applicant Date

Print Applicant's Name

Personally appeared before me, the undersigned official authorized to administer oaths, comes

_____ who deposes and swears that he/she is the person who executed this
(Applicant's Name)
application for a license by examination for Librarians in the State of Georgia; and that all of the statements herein
contained are true to the best of his/her knowledge and belief.

Sworn to and subscribed before me this _____ day of _____, 2_____

Notary Public Signature _____ County _____ State _____

My Commission Expires _____

(seal)



Georgia State Board for the Certification of Librarians
Professional Licensing Boards Division
237 Coliseum Drive
Macon, Georgia 31217-3858
Telephone: (478) 207-2440
Web-Site: www.sos.ga.gov/plb/librarians

APPLICANT - PLEASE COMPLETE, SIGN, AND ATTACH TO YOUR APPLICATION

AUTHORIZATION FOR RELEASE OF INFORMATION

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Georgia Bureau of Investigation, whether such records are of a public, private or confidential nature. The intent of this authorization is to give consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, records of commercial or retail credit agencies (including credit reports and/or rating), records of the Georgia Department of Revenue, as well as U.S. Veterans Administration records, records of Department of Human Resources Child Support Enforcement, and employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me), and records of local, state, and federal criminal justice agencies.

This information is to be used to assist the Secretary of State's Professional Licensing Boards Division in determining my qualifications and fitness to be licensed by the Georgia Board for the Certification of Librarians. This authorization will remain in effect until cancelled by me in writing.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested above.

A photocopy of this release form will be as valid as an original, even though the photocopy does not contain the original writing of my signature.

I have read and fully understand the contents of this Authorization for Release of Information.

Full Legal Name – Printed

Date of Birth (MM/DD/YYYY)

Place of Birth (City/State)

Aliases or Maiden Name

Residence Street Address

City, State, Zip

Sex

Race

Social Security Number

Signature

Date of this Authorization

Release of Information (10-24-08)

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

Name

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>
[O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. §50-36-2(b)(3); 22 CFR § 41.2]

_____ A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____ In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]